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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Gergley for Gahanna								
Full Name of Contributor	Employer, Occupation, L	Employer, Occupation, Labor Organization *		on Number	т, if PAC			
Jim and Nancy McGregor						1		
Street Address	Description of Item or Se		M	D,	Y	Fair Market Value	.	
180 Academy Ct		Refreshments		017			25.00	
City	l l	Code		at Fundrai	sing Event			
Gahanna	o l h	43230		YES		NO		
Full Name of Contributor	Employer, Occupation, L.	abor Organization *	Registrati	ion Numbe	r,ifPAC			
Brian Robertson					, , , , , , , , , , , , , , , , , , , 	To a second		
Street Address	Description of Item or Service		$\begin{bmatrix} M \\ 0 \end{bmatrix} 4$	Di	Y	Fair Market Value	00.00	
674 Woodmark Run		Postage/Printing					30.00	
City	1 '	l i		at Fundrai	ising Event			
Gahanna	O IH	43230	1 —	YES	10.	□ NO		
Full Name of Contributor	Employer, Occupation, L	.abor Organization *	Registrati	Registration Number, if PAC				
Jim and Nancy McGregor					T	Tarre		
Street Address	Description of Item or Se		M		Y	Fair Market Value	27.00	
180 Academy Ct		ostage	1014	0 2	1 5	1	36.80	
City		Code	L .	at Fundrai	ising Even			
Gahanna	O H	43230		YES	- KD+C	<u>√</u> NO		
Full Name of Contributor	Employer, Occupation, I	.acor Organization *	Kegstrat	ion Numbe	л,я РАС			
Street Address	Description of Item or So	ervice	M	D	Y	Fair Market Value		
	See griente remark							
City	State Zip	Code		lat Fundra	ising Even			
	i			YES		NO		
Full Name of Courributor	Employer, Occupation, I	abor Organization*	Registrat	ion Numbe	er, if PAC			
Street Address	Description of Item or Se	Description of Item or Service		D.	Υ'	Fair Market Value		
				<u> </u>		<u></u>		
City	State Zip	Code		lat Funktra	ising Even			
				5		☐ NO		
Full Name of Contributor	Employer, Occupation, 1	Labor Organization *	Registrat	ion Numbe	er, if PAC			
Street Address	Description of Item or Se	ervice	М	υ	Υ¦	Fair Market Value		
City	State Zip) Code	Received	lat Fundra	ising Even	ut ?		
[[*]						□ NO		
Full Name of Contributor	Employer, Occupation, t	Labor Organization *	Registrat	tion Numb	er,ifPAC			
Street Address	Description of Item or S	iervice	М	Di	Y	Fair Market Value		
City	State Zip	p Code	1	dat Fundra	using Ever			
	ı			YES		☐ 2:0		
Full Name of Contributor	Employer, Occupation, I	Employer, Occupation, Labor Organization*		tion Numb	er, if PAC	_ 		
Street Address	Description of Item or S	service	Mi	D	Y	Fair Market Value		
				⊥ .	1			
City	State Zrp	p Code		dar Funder	nising Ever			
				YES		☐ NO		

Page Total S	91.80
Page Total S	91.80

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the eccupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]